

CLASS "B"

CERTIFICATION/RECERTIFICATION

**ASBESTOS SUPERVISOR/WORKER
IDENTIFICATION CARDS**

STATE OF DELAWARE
DIVISION OF FACILITIES MANAGEMENT

NAME: _____

TITLE OR POSITION: _____

HOME ADDRESS: _____

TELEPHONE: _____

COMPANY: _____

DATE OF BIRTH: _____

HEIGHT: _____ WEIGHT: _____ HAIR: _____ EYES: _____

EMPLOYEE'S SIGNATURE: _____ DATE: _____

DO NOT WRITE BELOW THIS LINE

CERTIFICATION #: _____

EXPIRTION DATE: _____

PICK-UP DATE: _____

PLEASE FILL OUT ONLY THE TOP PORTION OF THIS SHEET AND
ATTACH TWO (2) PHOTOGRAPHS TO THIS BOTTOM PORTION.
PHOTOGRAPHS MUST BE 1" x 1" IN SIZE. YOU CAN TAKE TWO
(2) PLOAROID PHOTOS APPROXIMATELY 4-5 FEET AWAY FOR
THE EXACT SIZE OR YOU MAY HAVE TWO (2) PASSPORT
PHOTOS TAKEN AS LONG AS THEY ARE TAKEN 4-5 FEET
AWAY SO THAT THE FACE CAN FIT INTO A 1" x 1" SQUARE.